



Kentucky Transportation Cabinet  
Division of Motor Carriers  
PASSENGER AND HOUSEHOLD GOODS CHANGE OF COMPANY ADDRESS

TC 95-609  
02/2011

**Please send to:**

Fax: 502-564-4138

Email: [qp.dmc@ky.gov](mailto:qp.dmc@ky.gov)

**MAIL TO:**

PO Box 2007, Frankfort KY 40602-2007

Phone (502) 564-1257 8:00 am – 4:30 pm EST

Walk-ins 8:00 am – 4:00 pm EST

<http://transportation.ky.gov/dmc>

LEGAL NAME: \_\_\_\_\_

DBA NAME: \_\_\_\_\_

COMPANY#: \_\_\_\_\_

CERTIFICATE#: \_\_\_\_\_

PREVIOUS PHYSICAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

NEW PHYSICAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PREVIOUS MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

NEW MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**NOTICE:** THIS FORM MAY NOT BE USED TO CHANGE A COMPANY NAME. TO CHANGE A COMPANY NAME, COMPLETE FORM TC 93-17 (APPROVAL OF TRANSFER OR LEASE OF CERTIFICATE OR PERMIT) AND FORM TC 93-24 (FINANCIAL STATEMENT OF APPLICANT OR TRANSFEREE). ALL FORMS ARE FOUND ONLINE AT [HTTP://DMC.KYTC.KY.GOV/FORMS](http://DMC.KYTC.KY.GOV/FORMS).

A SIGNATURE IS REQUIRED FROM THE LEGAL NAME LISTED ON THE AUTHORITY IF THE COMPANY IS A SOLE PROPRIETORSHIP OR FROM THE REGISTERED AGENT OR OFFICER LISTED WITH THE KENTUCKY SECRETARY OF STATE IF THE COMPANY IS A CORPORATION, PARTNERSHIP, OR LIMITED LIABILITY COMPANY.

<b>Signature:</b> _____ <b>Date:</b> _____
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